

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.	10/048196	FILING DATE
APPLICANT(S)		

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2						
3						
4						
5						
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26						
27		1				
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41		1				
42		1				
43		1				
44		1				
45		1				
46		1				
47		1				
48		1				
49		1				
50		1				
TOTAL IND.		3				
TOTAL DEP.		20				
TOTAL CLAIMS		23				

*	IND.	DEP.	*	IND.	DEP.	*	IND.	DEP.
51								
52								
53								
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97								
98								
99								
100								
TOTAL IND.								
TOTAL DEP.								
TOTAL CLAIMS								

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

Barbara Campbell
National Stage Processing
(703) 305-3831